

## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0 8 3 0 3 0 0		ODHS USE ONLY - DO NOT MARK ABOVE		LOCAL FILE NO. 19-4465			
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED					
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH: 3/13/14 DAY: THUR		TIME: MILITARY 1452			
CRASH OCCURRED ON 1916 Drake Rd				WITHIN THE INTERSECTION OF Lot of High School									
IF NOT IN INTERSECTION MILES FEET W N E S OF				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)								CITY CODE	
LOG-1		LOG-2		LOC JUR FH'9 FILT									
A UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT					
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Warning, Michael				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 288 Sutton Lebanon OH									
PHONE NO. 513-673-7936		BIRTH DATE 3/31/96		AGE 17		SEX M		SOCIAL SECURITY NO.		STATE OH			
OWNER (IF SAME AS DRIVER, WRITE SAME) Warning, Jeffrey				ADDRESS 288 Sutton Ct. Lebanon								PHONE	
VEH YR 01		MAKE Toyt		MODEL 45		COLOR BLUE		STYLE		STATE OH			
LICENSE PLATE NO. DDE9631		TOWING SERVICE		VEH/PED DIR FROM TO									
CIRCLE DAMAGE AREAS 		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
8 UNIT NO. 2		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/> HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT					
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Cranmer, Adam				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 4554 Oregonia Rd Oregonia OH									
PHONE NO. 513-313-9321		BIRTH DATE 2/5/96		AGE 18		SEX M		SOCIAL SECURITY NO.		STATE OH			
OWNER (IF SAME AS DRIVER, WRITE SAME) Cranmer, Edward				ADDRESS Same								PHONE	
VEH YR 03		MAKE Ford		MODEL TK		COLOR Blue		STYLE		STATE OH			
LICENSE PLATE NO. FBV6104		TOWING SERVICE		VEH/PED DIR FROM TO									
CIRCLE DAMAGE AREAS 		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
C FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION		INJURIES			
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